

Check here if for change of address only	
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**NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES**  
STRUCTURAL PEST CONTROL DIVISION  
POST OFFICE BOX 27647  
RALEIGH, NORTH CAROLINA 27611

Issuing year (circle one):  
2000-2001 or 2001-2002

NOTE: If no year is circled,  
the license will be issued for  
the 2000-2001 year.

**APPLICATION FOR STRUCTURAL PEST CONTROL LICENSE**  
(Type or Print in Ink)

APPLICANT INFORMATION				
Applicant's Name:			Social Security Number:	
Home Address:			Job Title:	
City	State	Zip	County	Telephone Number:
COMPANY INFORMATION				
Company Name:			County:	
Street Address		Mailing address (if different from street address)		
City	State	Zip	City	State Zip
Telephone Number:	Fax Number (if applicable):		800 Number(if applicable):	
LICENSE INFORMATION				
This application is for a: (Check the applicable box. <b>For transfers, indicate the last date of employment with the previous employer.</b> ):	New License:	New License Phase:	Transfer of License: (indicate effective date)	Replacement License
	Check license phases for which application is being made:			
Indicate the status in which the license is to be issued: (If inactive, you will not receive a license certificate at this time.)		Active		Inactive
EMPLOYEE INFORMATION				
Indicate the number of employees who will perform structural pest control under the license, not including you or clerical employees.				
RESIDENT AGENT INFORMATION				
If you are not a resident of North Carolina you must designate a resident agent. The resident agent's address must be the same as the company address.				
Resident Agent's Name:			Telephone Number:	
Address:				
City	State	Zip	County	
FEES SUBMITTED				
Fees for a <b>new</b> license are: One phase: \$150.00 Two phases: \$215.00 Three phases: \$280.00	Fee to add a phase is: \$65.00 for each phase.	Fee for a license transfer or replacement is \$10.00	Enter total fee enclosed:	
INSURANCE INFORMATION				
The license can not be issued without proof of insurance. Proof of insurance required by G.S. 106-65.37 and 2 NCAC 34 .0902 is: (check one)			Attached (do not mail separately)	Previously submitted
APPLICANT AND RESIDENT AGENT CERTIFICATION				
I hereby certify that the information given in this application is true and correct.				
Signature of License Applicant:			Date:	
Signature of Resident Agent: ( <b>required</b> if applicable):			Date:	

## **INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION**

### **APPLICANT INFORMATION**

Complete all personal information for the applicant. Be sure to include the *Job Title*.

### **COMPANY INFORMATION**

The company name and address of the company with which you are currently employed.

### **LICENSE INFORMATION**

Check the appropriate box for New License, New Phase added to existing license, Transfer of License from one employer to another, or Replacement of a lost license.

Check the box for the phase(s) to be included or added to the license.

### **EMPLOYEE INFORMATION**

Indicate the number of employees who will perform structural pest control under your license. Do not include yourself or clerical staff.

### **RESIDENT AGENT INFORMATION**

This section applies only to licensees that reside outside of North Carolina. The resident agent should be located at the home office location of the licensee in North Carolina.

### **FEES SUBMITTED**

Fees required are listed on the front of the form. Be sure to indicate the amount paid and to include your check or other form of payment with the application. Applications received without payment will be returned.

### **INSURANCE INFORMATION**

The license will not be issued without proof of insurance. It is always best to include the Certificate of Insurance with the license application. For applications other than new licenses, be sure your insurance information is current: not expired, issued in the company name indicated on the application, etc.

### **APPLICANT AND RESIDENT AGENT CERTIFICATION**

All applicable individuals must sign the application. Unsigned applications will be returned.